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Food Establishment Permit Application (Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:								
2) Establishment Address:								
S) Establishment Mailing Address (if different):								
) Establishment Telephone No:								
5) Applicant Name & Title:								
6) Applicant Address:								
7) Applicant Telephone No:	24 Hour Emergency No:							
8) Owner Name & Title (if different from applicant):								
9) Owner Address (if different from applicant):								
10) Establishment Owned By: An association A corporation An individual A partnership Other legal entity	11) If a corporation or partnership, give name, title, and home address of officers or partner. Name Title Home Address							
12) Person Directly Responsible For Daily C	Operations (Owner, Person in Charge, Supervisor, Manager etc.)							
Name & Title:								
Address:								
Telephone No:	Fax:							
Email:								
13) District Or Regional Supervisor (if applicable)								
Name & Title:								
Address:								
Telephone No: 590application6-2.doc	Fax:							

Food Establishment Information

14) Water Source:		15) Sewage disposal:						
DEP Public Water Supply No: (if	applicable)							
16) Days and Hours of Operation		17) No. of Food Employees:						
	ertified in Food Protection Management: nce with 105 CMR 590.003(A) Please attach copy of certificate.							
	ng Procedures (if 25 seats or more): Yes	No						
(check one) Permanent Structure Mobile (Food Service – (Seats) Food Service – Takeout Food Service – Institution Meals/Day)	 □ Caterer □ Food Delivery □ Residential Kitchen for Retail Sale □ Residential Kitchen for Bed and Breakfast Home □ Residential Kitchen for Bed and Breakfast □ Establishments □ Frozen Dessert Manufacturer 						
21) Length Of Permit: (check one) Annual Seasonal/Dates:	ther (Describe)							
☐ Temporary/Dates/Time:								
23) Food Operations: (check all that apply):	RTF - ready-to-eat foods (Fy sandwiches salads muffins which need no further processing)							
□ Sale of Commercially Pre- Packaged Non-PHFs	☐ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.						
□ Sale of Commercially Pre- Packaged PHFs	□ Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	□ PHF and RTE Foods Prepared For Highly Susceptible Population Facility						
□ Delivery of Packaged PHFs	Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	☐ Vacuum Packaging/Cook Chill						
☐ Reheating of Commercially Processed Foods For Service Within 4 Hours.	□ Customer Self-Service	Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)						
 Customer Self-Service Of Non- PHF and Non-Perishable Foods Only. 	☐ Ice Manufactured and Packaged for Retail Sale	 Offers Raw Or Undercooked Food Of Animal Origin. 						
☐ Preparation Of Non-PHFs	☐ Juice Manufactured and Packaged for Retail Sale	☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service						
Other (Describe):	Offers RTE PHF in Bulk Quantities	To be completed by the Health Department						
	□ Retail Sale of Salvage, Out-of Date or Reconditioned Food	Total Permit Fee: Payment is due with application						
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the health department on how to obtain copies of 105 CMR 590.000 and the federal Food Code. 24) Signature of Applicant: Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief,								
have filed all state tax returns and paid state taxes required under law.								
25) Social Security Number or Federal ID:								
26) Signature of Individual or Corporate Name:								